CHANGING Maryland *for the Better*

COMMUNITY HEALTH RESOURCES COMMISSION

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Community Health Resources Commission

Presented to:

House Appropriations Health & Human Resources Subcommittee

February 11, 2016

BACKGROUND ON THE CHRC

MCHRC
Maryland Community Health Resources Commission

- **The CHRC is an independent agency operating within the Maryland Department of Health and Mental Hygiene.**
- **Eleven Commissioners of the CHRC are appointed by the Governor (one current vacancy).**

John A. Hurson, **Chairman**

Nelson Sabatini, **Vice Chairman**

Elizabeth Chung, Executive Director, Asian American Center of Frederick

Charlene Dukes, President, Prince George's County Community College

Maritha R. Gay, Executive Director of Community Benefit and External Affairs, Kaiser Foundation Health Plan of the Mid-Atlantic States Region

William Jaquis, M.D., Chief, Department of Emergency Medicine, Sinai Hospital

Sue Kullen, Southern Maryland Field Representative, U.S. Senator Ben Cardin

Paula McLellan, CEO, Family Health Centers of Baltimore

Barry Ronan, President and CEO, Western Maryland Health System

Maria Harris Tildon, Senior Vice President for Public Policy & Community Affairs, CareFirst BlueCross BlueShield

BACKGROUND ON THE CHRC

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The CHRC grants have focused on the following public health priorities:

Reducing infant mortality

Integrating behavioral health

Promoting ED diversion programs

Investing in health information technology

Expanding primary care access

Addressing childhood obesity

Increasing access to dental care

Building safety net capacity

IMPACT OF CHRC GRANTS

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- Since 2007, CHRC has awarded 154 grants totaling $52.3 million. Most grants are awarded for multiple program years.
- CHRC has supported programs in all 24 jurisdictions.
- These programs have collectively served more than 260,000 Marylanders.
- Most grants are awarded to community-based safety net providers, including federally qualified health centers (FQHCs), local health departments, free clinics, and outpatient behavioral health providers.

BACKGROUND ON THE CHRC

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- **The Community Health Resources Commission (CHRC) was created by the Maryland General Assembly in 2005 to expand access for low-income Marylanders and underserved communities.**
- **Statutory responsibilities include:**
  - Increase access to primary and specialty care through community health resources
  - Promote community-hospital partnerships and emergency department diversion programs to prevent avoidable hospital utilization
  - Facilitate the adoption of health information technology
  - Promote long-term sustainability of community health resources as Maryland implements health care reform

SUPPORTING SUSTAINABILITY

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- Encourage programs to be sustainable after initial "seed" grant funding is expended.
- Utilize CHRC grant funding to leverage additional federal and private/non-profit funding.

$52.3M awarded to grantees

$18.8M in additional resources

$14.9M in private, nonprofit, or local resources

$3.8M in federal resources

Weinberg Foundation
$250,000 to West Cecil Community Health Center

CareFirst
$447,612 to Access to Wholistic & Prod. Living

HRSA New Access Point
$425,874 to Mobile Med

CHRC RE-AUTHORIZATION

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Chapter 328 in 2014 reauthorized the CHRC until 2025. This vote was unanimous.

- **Demonstrated track record in distributing and managing public funds efficiently**
  - 41 grants, totaling $13.4 million, under implementation
- **Grantee accountability (both fiscal and programmatic)**
- **CHRC overhead is 7% of its $8 million budget**
  - Monitored by CHRC staff of four PINs
- **Pilot innovative ideas that are later replicated statewide**
  - **Way Station** – Medicaid Behavioral Health Home Pilot
  - **Allegany Health Right/WMHS Dental Partnership**

CHRC GRANT MONITORING

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- CHRC grants are monitored closely.
- Twice a year, as condition of payment of funds, grantees submit program narratives, performance metrics, and an expenditure report.

CHRC Grantee Monitoring Report	
Grantee:	Harford County Health Department
Grant #:	15-008
Reporting Period:	Report #1: May 1, 2015 - October 31, 2015
Project Goal(s):	Improve health outcomes and reduce costs through community-based, comprehensive care coordination of high risk, high-cost populations.

SHIP Focus Area(s) & Measure(s):
Healthy Beginnings - Early prenatal care; Infant death rate; Babies with low birth weight; Sudden unexpected infant death rate
Quality Preventative Care - ED visits due to diabetes; ED visits due to Hypertension

NOTE #1: Any measurement counting "unduplicated" patients **CANNOT** include the same patients over different reporting periods. The "Totals" column for these measures should sum only unique individuals. For example, if an individual is counted in reporting period 1, then that person should **not** be counted again in reporting period 2.

NOTE #2: The program data with its associated data source reported by the grantee on this M&D report is subject to audit by the CHRC.

NOTE #3: The CHRC will utilize output **1f** for its "**Total Patients/clients Engaged**" measure, and output **1g and 1h** for its "**Total Patient/client encounters**" measures.

NOTE #4: "Patient/Client Encounters" is defined as any face-to-face or telephonic contact with a nurse care manager in a care coordination program.

Process Metrics

Key Project Objectives	Output	Data Source	Year One	
			Reporting Period #1	Reporting Period #2
Improve health outcomes for low income patients through Nurse Case Management	1a) # of clients referred to Nurse Case Manager from UM-UCH Emergency Department	Internal Data Tracking System		
	1b) # of clients referred to Nurse Case Manager from Beacon Health	Internal Data Tracking System		
	1c) # of clients referred to Nurse Case Manager from UM-UCH Birthing Unit	Internal Data Tracking System		
	1d) # of clients referred to Nurse Case Manager from other Community Medical Providers	Internal Data Tracking System		
	1e) Total # of unduplicated clients referred to Nurse Case Manager	Internal Data Tracking System		
	1f) Total # of referred clients successfully engaged with Nurse Case Manager*	Internal Data Tracking System		
	1g) Total # of patient encounters, face-to-face, by Nurse Case Manager	Internal Data Tracking System		

- Grantee progress reports (sample above) are a collection of process and outcome (some) metrics; grantees are held accountable for performance.

CONTINUED IMPORTANCE OF COMMUNITY HEALTH RESOURCES

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- **Health insurance does not always mean access.**
  - FQHCs and other community health resources may be the best option for newly insured because many non-safety net providers do not accept new patients or have long wait times
- **Historical mission of serving low-income individuals who are impacted by social determinants and have special health and social service needs.**
  - Health literacy - critical role of safety net providers
- **Demand for health services by the newly insured dramatically outpaces the supply of providers.**
  - 81% of FQHCs nationally have seen an increase in patients in the last 3 years

CHRC GRANTS IN LARGER CONTEXT

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- **Assist ongoing health care reform efforts**
  - Build capacity of safety net providers to serve newly insured
  - Assist safety net providers in IT, data collection, business planning
  - Promote long-term financial sustainability of providers of last resort
- **Support All-Payer Hospital Model and health system transformation**
  - Provide initial seed funding for community-hospital partnerships
  - Fund community-based intervention strategies that help achieve reductions in avoidable hospital utilization
  - Issued white paper, “Sustaining Community-Hospital Partnerships to Improve Population Health” (authored by Frances B. Phillips)
- **Support population health improvement activities**
  - Align with State Health Improvement Process (SHIP) goals
  - Build infrastructure of Local Health Improvement Coalitions

EXAMPLES OF CHRC GRANTS

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Three-year grant to free clinic enabled grantee to implement financially sustainable dental program, serving 750 patients to date and generating $40,000 in program revenue.

Two-year grant enabled behavioral health clinic to add primary care services. Increased revenues from $1.3M to $4.4M. Also leveraged CHRC funding to attract $600,000 in federal funds.

Three-year ED diversion/care coordination grant targeted high utilizers, resulting in an 80% reduction in inpatient stays and 67% reduction in ED visits (4 months pre- vs. post-intervention) which translates into savings/ avoided charges of $632,492.

Three-year grant to free clinic enabled organization to lay the ground work to transition to FQHC status and receive a $900,000 NAP award.

FY 2016 CALL FOR PROPOSALS

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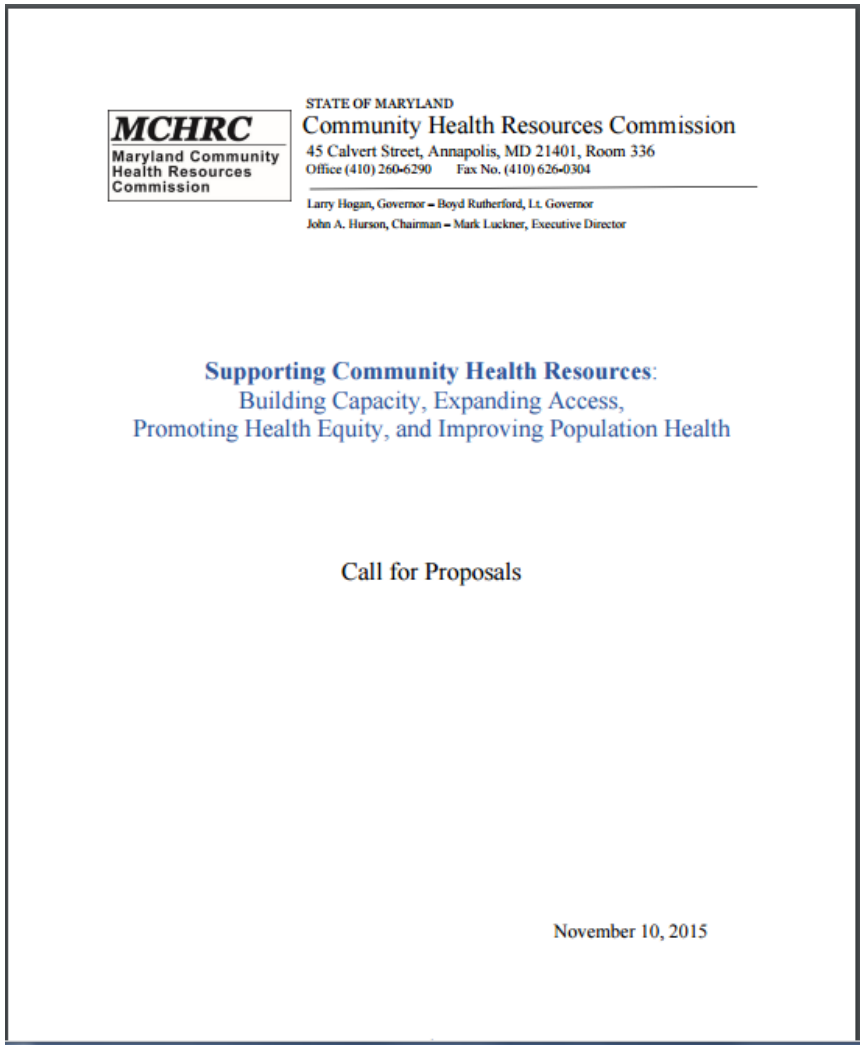

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STATE OF MARYLAND
Community Health Resources Commission
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Office (410) 260-6290 Fax No. (410) 626-0304

Larry Hogan, Governor – Boyd Rutherford, Lt. Governor
John A. Hurson, Chairman – Mark Luckner, Executive Director

Supporting Community Health Resources:
Building Capacity, Expanding Access,
Promoting Health Equity, and Improving Population Health

Call for Proposals

November 10, 2015

Key Dates:

November 10, 2015 – Release of Call for Proposals
January 11, 2016 – Applications due
January/February – Application review period
Mid-March – Presentations and award decisions

Three strategic priorities:

(1) Expand capacity;
(2) Reduce health disparities; and
(3) Support efforts to reduce avoidable hospital utilization.

FY 2016 CALL FOR PROPOSALS

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- **Generated 71 proposals totaling $14.8 million in year-one funding (FY 2016 budget - $1 million is available).**

- **Most proposals seek funding for multiple years. Total requested in RFP was $31.3 million.**

- **RFP includes 4 types of projects:**
  1. **Women's health/infant mortality** - 4 proposals, $1.7M
  2. **Dental care** - 12 proposals, $2.8M
  3. **Behavioral health/heroin and opioid epidemic** - 20 proposals, $9.8M
  4. **Primary care and chronic disease management** - 35 proposals, $17.0M

CHRC BUDGET AND GRANT REQUESTS

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- **Demand for grant funding exceeds CHRC's budget.**
- **The Commission has funded approximately 19% of requests.**